# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

*(FOR USE WITH FORM PTO-875)*

SERIAL NO. 10/683830 | FILING DATE

APPLICANT(S)

9/21/05

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | * | | * | | * | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | | | 1 | | | | 51 | | | | | | |
| 2 | | | — | — | | | 52 | | | | | | |
| 3 | | | | 1 | | | 53 | | | | | | |
| 4 | | | | 1 | | | 54 | | | | | | |
| 5 | | | | 1 | | | 55 | | | | | | |
| 6 | | | | 1 | | | 56 | | | | | | |
| 7 | | | | 1 | | | 57 | | | | | | |
| 8 | | | — | — | | | 58 | | | | | | |
| 9 | | | | 1 | | | 59 | | | | | | |
| 10 | | | — | — | | | 60 | | | | | | |
| 11 | | | — | — | | | 61 | | | | | | |
| 12 | | | — | — | | | 62 | | | | | | |
| 13 | | | | 1 | | | 63 | | | | | | |
| 14 | | | | 1 | | | 64 | | | | | | |
| 15 | | | | 1 | | | 65 | | | | | | |
| 16 | | | | 1 | | | 66 | | | | | | |
| 17 | | | | 1 | | | 67 | | | | | | |
| 18 | | | 1 | | | | 68 | | | | | | |
| 19 | | | 1 | | | | 69 | | | | | | |
| 20 | | | | 1 | | | 70 | | | | | | |
| 21 | | | | | | | 71 | | | | | | |
| 22 | | | | | | | 72 | | | | | | |
| 23 | | | | | | | 73 | | | | | | |
| 24 | | | | | | | 74 | | | | | | |
| 25 | | | | | | | 75 | | | | | | |
| 26 | | | | | | | 76 | | | | | | |
| 27 | | | | | | | 77 | | | | | | |
| 28 | | | | | | | 78 | | | | | | |
| 29 | | | | | | | 79 | | | | | | |
| 30 | | | | | | | 80 | | | | | | |
| 31 | | | | | | | 81 | | | | | | |
| 32 | | | | | | | 82 | | | | | | |
| 33 | | | | | | | 83 | | | | | | |
| 34 | | | | | | | 84 | | | | | | |
| 35 | | | | | | | 85 | | | | | | |
| 36 | | | | | | | 86 | | | | | | |
| 37 | | | | | | | 87 | | | | | | |
| 38 | | | | | | | 88 | | | | | | |
| 39 | | | | | | | 89 | | | | | | |
| 40 | | | | | | | 90 | | | | | | |
| 41 | | | | | | | 91 | | | | | | |
| 42 | | | | | | | 92 | | | | | | |
| 43 | | | | | | | 93 | | | | | | |
| 44 | | | | | | | 94 | | | | | | |
| 45 | | | | | | | 95 | | | | | | |
| 46 | | | | | | | 96 | | | | | | |
| 47 | | | | | | | 97 | | | | | | |
| 48 | | | | | | | 98 | | | | | | |
| 49 | | | | | | | 99 | | | | | | |
| 50 | | | | | | | 100 | | | | | | |
| TOTAL IND. | | ↵ | 3 | ↵ | | ↵ | TOTAL IND. | | ↵ | | ↵ | | ↵ |
| TOTAL DEP. | | | | 12 | | | TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | 15 | | | TOTAL CLAIMS | | | | | | |